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TO:	USPTO	FAX NO.:	1-571-273-8300
FROM:	Lawrence E. Ashery	ADMIN. ASST.:	Donna M. Wellings
APPLN. NO.:	10/577,628	ATTY. DOCKET NO.:	MAT-8840US
TITLE OF APPLN.: RADIO COMMUNICATION METHOD AND RADIO COMMUNICATION DEVICE			
FILING DATE:	April 28, 2006	ART UNIT:	2416
FIRST INVENTOR:	Hiroshi Doi, et al.	CONF. NO.:	9937
TITLE OF DOCUMENT (and List of Attachments): Amendment			

 Total Number of Pages: 18 (including this form)

COMMENTS
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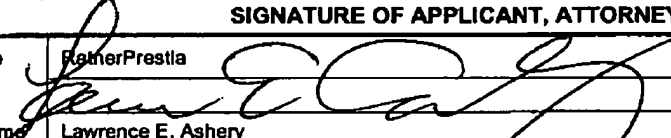
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/577,628
	Filing Date	April 28, 2008
	First Named Inventor	Hiroshi Doi, et al.
	Art Unit	2416
	Examiner Name	Xavier S. Wong
	Attorney Docket No.	MAT-8840US
Total Number of Pages in This Submission		17

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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